

Client ID: _____



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ATTORNEY QUESTIONNAIRE
RAILROAD/MARITIME
Privileged & Confidential

ATTORNEY INFORMATION

Attorney Name: _____ Telephone: _____
Firm: _____ E-mail: _____
Address: _____ Fax: _____
City: _____
State: _____ Zip: _____

Paralegal: _____ Initial Purchase: \$ _____
Telephone: _____ Amount per Month: \$ _____
E-mail: _____

In order for us to make our own independent evaluation we request your firm answer the questions below. In addition, please mail or fax the documents requested on Page 4.

CLIENT INFORMATION

Name: _____ Employer: _____
Address: _____ Occupation: _____
City: _____ Monthly Salary: \$ _____
State: _____ Zip: _____ Union Payments While Disabled: \$ _____
SSN: _____ Date of Birth: _____
Education Level: GED High School Some College College Other: _____
Criminal Record: Yes No Explain: _____

ACCIDENT INFORMATION

Date of Accident: _____
Details of Case: _____

Alcohol/Drugs Involved? Yes No

DAMAGES

Extent of Injuries: _____

Medical: To Date: \$ _____ Future: \$ _____

Lost Wages: To Date: \$ _____ Future: \$ _____

Was there an IME done? Yes No

MMI Reached: Yes No PPD? Yes No _____%

If not, when is MMI anticipated? _____

Previous Injuries? Yes No Explain: _____

Preexisting Conditions? Yes No Explain: _____

Prior Claims? Yes No Explain: _____

Prior Settlements: Yes No Explain: _____

CASE EVALUATION

Please note that this will not be revealed to anyone including your client and that we understand that you are offering no proffers of guaranty or opinion as it pertains to the viability of this case.

Is this case taken on a contingency fee basis: Yes No Hourly Rate: \$ _____

Do you believe the cumulative amount of funding being requested is no more than _____% of the value of the claim: Yes No \$ _____

Probability case will settle for this amount: _____%

Estimated date of settlement:

30 Days

12 Months

31 to 60 Days

24 Months

61 to 90 Days

Over 24 Months

6 Months

Has liability been established or admitted? Yes No

What is your theory of liability? _____

What type of witness does your client make? _____

What are the strengths of this case? _____

REQUESTED DOCUMENTS

- ER Admitting Records
- Railroad Incident Report of Injury or Occupational Illness
- Witness Statements
- Medical Reports From Doctors Detailing the Injuries Received
- Depositions (if pertinent)
- Pleadings (if pertinent)
- Demand Letter
- Work Restrictions Report
- Toxicology Test Results

PREPARED BY

Print Name: _____ Date: _____

Signature: _____